



## Congenital Cardiology Solutions

### UTILIZATION TRENDS OF CONGENITAL HEART DISEASE PATIENTS 10-29 YEARS IN NEW YORK STATE AND CALIFORNIA

Moderated Poster Contributions

Poster Sessions, Expo North

Saturday, March 09, 2013, 3:45 p.m.-4:30 p.m.

Session Title: Congenital Cardiology Solutions: Trends, Knowledge and Outcomes

Abstract Category: 12. Congenital Cardiology Solutions: Adult

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**Background:** Understanding resource utilization patients with congenital heart disease (CHD) is critical for health care planning. We examined planned vs. emergent (ED) hospitalizations of children and adults with CHD from 2005-2009 in two states, California (CA) and New York State (NYS).

**Methods:** We obtained a 100% sample of hospitalization data from Healthcare Cost and Utilization Project including State Inpatient Databases in CA and NYS 2005-2009. We calculated total and ED admissions of CHD patients by age groups. We imputed cost for the hospital stays, based on charges and hospital-level charge-to-cost ratios. We normalized the data by population size and calculated annual averages per 100,000 population.

**Results:** See the table below on the number of annual admissions and cost/100,000 population, CA vs. NYS 2005-2009:

	CA	CA	CA	CA	NYS	NYS	NYS	NYS
Age (years)	10-14	15-19	20-24	25-29	10-14	15-19	20-24	25-29
Non-ED admissions	16.5	15.4	10.8	11.5	25.3	23.7	19.4	20.2
ED Admissions	4.4	6.3	7.9	8.0	3.6	5.2	6.2	6.9
Cost (rounded to \$1,000)	\$578K	\$521K	\$359K	\$348K	\$472K	\$435K	\$398K	\$364K

**Conclusions:** A trend for reduction in scheduled admissions and increase in ED admissions begins in adolescence but becomes more marked during the 20's in both states. Although the total admissions/100,000 population is higher in NYS than CA, cost/year for NYS is less. This may indicate cost savings with pre-emptive care. However, other factors such as practice patterns and structure/availability of services also need to be explored.